

measurements can be done with the aim of reaching glucose levels < 11.1 mmol/l (< 200 mg/dl). Use of insulin ideally requires self-monitoring of blood glucose.

The documented experience of treating DM in TB patients is mostly limited to three types of drugs: metformin; sulphonylurea derivatives (SUs) and insulin. These three types of drugs are also the most widely available. Newer drugs for treating DM, such as incretin-based therapies (glucagon-like peptide 1 receptor agonists and dipeptidyl peptidase 4 inhibitors) and sodium glucose transporter 2 inhibitors, are generally not available in resource-limited countries.

The standard treatment regimens recommended for drug-susceptible and drug-resistant tuberculosis (TB) remain unchanged with or without diabetes mellitus (DM) as there is no strong evidence currently to support an alternative approach. Dosages should be given daily throughout both the initial and continuation phases. When the person with DM is diagnosed with TB, either through bidirectional screening in the TB clinic or through bidirectional screening in the DM clinic, the treatment should always be administered, supervised and monitored in a TB clinic where the drugs are available and where health care workers are trained in the management of the disease and patient-centred care.

Since DM is associated with an increased risk of drug-resistant TB and worse TB treatment outcomes, patients need to be carefully assessed for drug resistance at the beginning of treatment and carefully monitored for failure during treatment and for relapse after treatment has been completed.

**Sorokhan V.D.**

### **THE USAGE OF AUSAK AND REO-WATER SOLUTION IN THE COMPLEX TREATMENT OF PATIENTS WITH ACUTE SHIGELLOSIS**

*Department of infectious diseases and epidemiology  
Bukovinian state medical university, Chernivtsi*

Clinical and laboratory studies were performed in 5 patients with shigellosis. All patients had gastroenterocolitis syndrome (acute onset, fever, nausea, vomiting, abdominal pain, mainly in the left lower quadrant, frequent scanty stools with mucus. The course of the disease was moderate.

The effectiveness of AUSAK (containing a live culture of *Saccharomyces boulardii* (5 billion CFU), as well as vitamin B2) was studied in 5 patients. A one sachet of AUSAK was administered PO QD for 5 days. To restore the signs of dehydration supplemented solution (ReO-water) was given orally in addition to the basic treatment: detoxification and rehydration with parenteral ("Trisil", reosorbilact) administration of saline solutions, nifuroxazide, enterosorbents, enzyme preparations.

As a result of clinical monitoring, it was found that in patients treated with AUSAK in combination with a solution of ReO-water, the disappearance of symptoms of intoxication and normalization of bowel movements occurred earlier (on average 1.5 days) compared with the control group.

**Sydorchuk A.S.**

### **IVERMECTIN FOR PREVENTION AND TREATMENT OF COVID-19: PROS & CONS (BRIEF REVIEW)**

*Department of infectious diseases and epidemiology  
Bukovinian state medical university, Chernivtsi*

For a discovering of ivermectin and artemisin in 2015 Nobel Prize in physiology and medicine was awarded. C<sub>47</sub>H<sub>72</sub>O<sub>14</sub>(H<sub>2</sub>B<sub>1</sub>b) is chemical formula of this prospective drug, which since 1997 was approved for a treatment of onchocerciasis and strongyloidiasis mainly. This substance can be used in human only per os and can connect on 93% with serum proteins and metabolize in the liver. Ivermectin is active because can amplify a formation of neuro mediators which inhibit gamma amino butyric acid that led to the blockage of neuromuscular transmission, paralysis and death of parasite.